

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/517 258
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51	1	5				
2		1					52		1				
3		1					53		1				
4		1					54		1				
5		1					55		1				
6		1					56		1				
7		1					57	1					
8		1					58		1				
9	1						59		1				
10		1					60		1				
11		1					61		1				
12		1					62		1	53			
13		1					63	1					
14		1					64		1				
15		1	3				65		1				
16	1						66		1				
17		1					67		7				
18		1					68		3				
19		1					69		6				
20		1					70		3				
21		1					71						
22		1					72						
23	1						73						
24		1					74						
25		1					75						
26		1					76						
27		1					77						
28		1					78						
29		1					79						
30	1						80						
31		1					81						
32		1					82						
33		1					83						
34		1					84						
35		1					85						
36		1					86						
37		1	32				87						
38	1						88						
39		1					89						
40		1					90						
41		1					91						
42		1					92						
43		1					93						
44	1						94						
45		1					95						
46		1					96						
47		1					97						
48		1					98						
49		1					99						
50		1					100						
TOTAL IND.		10					TOTAL IND.	10					
TOTAL DEP.							TOTAL DEP.	75					
TOTAL CLAIMS							TOTAL CLAIMS	85					